



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Alciana	Denon		225-3753
MAILING ADDRESS (Street)			FAX
3075 Ala Poha Place #807			
(City)	(State)	(Zip Code)	
Honolulu	HI	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Destination Club Association			
MAILING ADDRESS (Street)			FAX
1717 Rhode Island N.W. #900			
(City)	(State)	(Zip Code)	
Washington D.C.		20036	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Daniel Nestel			
MAILING ADDRESS (Street)			FAX
1717 Rhode Island N.W. #900			
(City)	(State)	(Zip Code)	
Washington D.C.		20036	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	<u>Tourism &amp; Recreation</u>
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

5/9/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Daniel Nestel

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

VP, Gov. Affairs for Exclusive Resorts

NAME OF ORGANIZATION (if applicable)

Destination Club Association Member #

TELEPHONE

202-776-1427

MAILING ADDRESS (Street)

1717 Rhode Island Ave, NW, Suite 900

FAX

202-776-1494

(City)

Washington

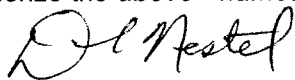
(State)

DC

(Zip Code)

20036

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

5-22-2007

(Date)